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CONFIRMATION NO. 2359

<b>SERIAL NUMBER</b> 10/576,402	<b>FILING OR 371(c) DATE</b> 04/20/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 06276/HG	
<b>APPLICANTS</b> Masatsugu Nakamura, Ikoma-shi, JAPAN; Shin-ichiro Hirai, Ikoma-shi, JAPAN;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/16460 10/29/2004  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-368548 10/29/2003 JAPAN 2003-379801 11/10/2003  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/17/2007</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 1933					
<b>TITLE</b> THERAPEUTIC AGENT FOR KERATOCONJUNCTIVAL DISORDER					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		